APPLICATION FOR REGISTRATION FOREIGN STATUTORY TRUST

Office of the Secretary of the State 30 Trinity Street / P.O. Box 150470 / Hartford, CT 06115-0470 Rev. 10/01/2004

s	pace For Office Use Only	Filing Fee: \$60.00
1. NAME OF STATUTORY TRUST IN ITS ST	ATE OR COUNTRY OF FORMA	ATION:
2. IF DIFFERENT FROM THE NAME STATE	D ABOVE, THE NAME UNDER	WHICH THE STATUTORY TRUST
SHALL TRANSACT BUSINESS IN CONNE		
3. STATE/COUNTRY OF FORMATION:	4. DATE OF FORMAT	ION:
		/ /
		Month Day Year
5. ADDRESS OF THE OFFICE REQUIRED TO IF NOT REQUIRED, THE ADDRESS OF T		
acceptable):	HE STATUTORY TRUST SPRI	INCIPAL OFFICE (P.O. Box not
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(THE CHARACTER OF BUODESCO WHICH		ANG A CITIC OR INVERNING TO
6. THE CHARACTER OF BUSINESS WHICH TRANSACT IN CONNECTICUT:	THE STATUTORY TRUST TRA	ANSACIS OR INTENDS TO
7. THIS IS A FOREIGN STATUTORY TRUST	, WHICH IS NOT ORGANIZED	UNDER THE LAWS OF THIS STATE.
8. DATE STATUTORY TRUST BEGAN TRAN	SACTING BUSINESS IN CONN	ECTICUT:
-	Month Day Year	
	=	

Note: If additional space is needed, please reference an 8 1/2 X 11 attachment

		Space for (Office Use Only		
	9. Ap		ent for Service of <u>r</u> complete B.)	Process	
A	The statutory trust appoints the Secretary of the State of Connecticut and his successors in office to be its agent upon whom any process, in any action or proceeding against it, may be served.				
В	company; registered	limited liability parability company; re	rtnership; or statuto gistered limited liabi	ent; domestic corporation; limited liability ory trust or foreign authorized/registered lity partnership; or statutory trust to be its ainst it, may be served.	
Print or	· type name of agent		Business address:	(P.O. Box is unacceptable)	
			Residence address: (P.O. Box unacceptable)		
		Acceptance o	of Appointment		
-		Signatu	re of Agent		
	Dated		ECUTION:	<u>.</u>	
Print or t	type name of signatory	Capacity	of signatory	Signature	